

SERFF Tracking Number: ARKS-125725065 State: Arkansas
Filing Company: 00006 - INSURANCE SERVICES OFFICE, INC. State Tracking Number: #104938 \$50
Company Tracking Number: HO-2008-OHPRU
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: HO Program
Project Name/Number: /

Filing at a Glance

Company: 00006 - INSURANCE SERVICES OFFICE, INC.

Product Name: HO Program	SERFF Tr Num: ARKS-125725065	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: #104938 \$50
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations	Co Tr Num: HO-2008-OHPRU	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi
	Author:	Disposition Date: 07/09/2008
	Date Submitted: 07/08/2008	Disposition Status: Filed
Effective Date Requested (New): 01/01/2009		Effective Date (New): 01/01/2009
Effective Date Requested (Renewal): 01/01/2009		Effective Date (Renewal): 01/01/2009

State Filing Description:

Rule for water exclusion endorsements

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 07/09/2008	
State Status Changed: 07/09/2008	Deemer Date:
Corresponding Filing Tracking Number: HO-2008-OFRWE	
Filing Description:	
Rule for new endorsement HO 16 09 and HO 16 10 Water Exclusion endorsements	

Company and Contact

Filing Contact Information

SERFF Tracking Number: ARKS-125725065 State: Arkansas
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Company Tracking Number: HO-2008-OHPRU
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: HO Program
Project Name/Number: /

Donald Beckel, dbeckel@iso.com
2828 E Trinity Mills Rd (214) 390-1825 [Phone]
Carrollton, TX 75006 (214) 390-1975[FAX]

Filing Company Information

00006 - INSURANCE SERVICES OFFICE, CoCode: 6 State of Domicile: Arkansas
INC.
No Address Group Code:
City, AR 99999 Group Name: Company Type:
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999 State ID Number:

<i>SERFF Tracking Number:</i>	<i>ARKS-125725065</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>00006 - INSURANCE SERVICES OFFICE, INC.</i>	<i>State Tracking Number:</i>	<i>#104938 \$50</i>
<i>Company Tracking Number:</i>	<i>HO-2008-OHPRU</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>HO Program</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

SERFF Tracking Number: *ARKS-125725065* *State:* *Arkansas*
Filing Company: *00006 - INSURANCE SERVICES OFFICE, INC.* *State Tracking Number:* *#104938 \$50*
Company Tracking Number: *HO-2008-OHPRU*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *HO Program*
Project Name/Number: */*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	07/09/2008	07/09/2008

SERFF Tracking Number: *ARKS-125725065* *State:* *Arkansas*
Filing Company: *00006 - INSURANCE SERVICES OFFICE, INC. State Tracking Number:* *#104938 \$50*
Company Tracking Number: *HO-2008-OHPRU*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *HO Program*
Project Name/Number: */*

Disposition

Disposition Date: 07/09/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal): 01/01/2009

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125725065 State: Arkansas

Filing Company: 00006 - INSURANCE SERVICES OFFICE, INC. State Tracking Number: #104938 \$50

Company Tracking Number: HO-2008-OHPRU

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: HO Program

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	HPCS-Homeowners Premium Comparison Survey	Filed	No
Supporting Document	NAIC loss cost data entry document	Filed	No
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	No
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	No
Supporting Document	ARKS-125725065		No

<i>SERFF Tracking Number:</i>	<i>ARKS-125725065</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>00006 - INSURANCE SERVICES OFFICE, INC.</i>	<i>State Tracking Number:</i>	<i>#104938 \$50</i>
<i>Company Tracking Number:</i>	<i>HO-2008-OHPRU</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>HO Program</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *ARKS-125725065* *State:* *Arkansas*
Filing Company: *00006 - INSURANCE SERVICES OFFICE, INC. State Tracking Number:* *#104938 \$50*
Company Tracking Number: *HO-2008-OHPRU*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *HO Program*
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Supporting Document Schedules

Satisfied -Name: **ARKS-125725065** **Review Status:** **07/09/2008**
Comments:
Attachment:
ARKS-125725065.pdf

BH

ARKS-125725065



2828 E. TRINITY MILLS ROAD SUITE 150 CARROLLTON, TX 75006
TEL: (214) 390-1825 FAX: (214) 390-1975

104938
50.00

00006

Kenneth J. Hill, CPCU
Regional Director, Government Relations

June 27, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

FILED
JUL 08 2008
PROPERTY AND CASUALTY
ARKANSAS INSURANCE DEPT.

Attention: William R. Lacy, Director
Property and Casualty Division

RE: Insurance Services Office, Inc.
HO-2008-OHPRU
Homeowners
Revision to Homeowners Policy Program Manual Exception Pages
REFERENCE FILING
State of Arkansas

Dear Mr. Lacy:

We hereby file the enclosed advisory reference document.

ISO does not establish an effective date for Homeowners rules revisions in Arkansas. Each insurer that elects to utilize this revision is responsible for determining its own effective date and complying with any applicable regulatory requirements. We will distribute this material to our participating insurers and update our electronic deliveries under cover of a Notice bearing a date of January 2009, or the earliest possible subsequent date following your acknowledgement.

Companion forms filing HO-2008-OFRWE is also submitted today under separate cover.

Please return an acknowledged copy of this cover letter for our records. An addressed, stamped envelope is enclosed for your convenience. We have also included an additional copy of this letter and envelope; we request that you return it now with a "received" stamp to confirm that you have received the filing.

Very truly yours,

Donald J. Beckel, CPCU, ARM
Assistant Regional Manager
Government Relations

DJB:dlb
Encl.

RECEIVED

JUL 08 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">FILED</div> <div style="text-align: center; font-weight: bold; margin: 5px 0;">JUL 08 2008</div> <div style="text-align: center; font-size: 0.8em; margin: 0;">PROPERTY AND CASUALTY ARKANSAS INSURANCE DEPT.</div>	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: RECEIVED <div style="display: flex; justify-content: space-between;"> <div>New Business</div> <div>JUL 08 2008</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Renewal Business</div> <div></div> </div> f. State Filing #: g. SERFF Filing #: PROPERTY AND CASUALTY DIVISION h. Subject Codes ARKANSAS INSURANCE DEPARTMENT
--	--

3. Group Name	Group NAIC #			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Insurance Services Office, Inc.	DE		13-3131412	

5. Company Tracking Number	HO-2008-OHPRU
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Donald J. Beckel Insurance Services Office, Inc. 2828 E. Trinity Mills Rd., Ste. 150 Carrollton, TX 75006	Asst. Regional Manager	(214) 390-1825 Ext. 224	(214) 390-1975	DBECKEL@iso.com
7. Signature of authorized filer					
8.	Please print name of authorized filer		Donald J. Beckel		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	04.0 - Homeowners
10. Sub-Type of Insurance (Sub-TOI)	04.0000
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Homeowners 2000
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01-01-2009 Renewal: 01-01-2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	Not Applicable
17. Reference Organization # & Title	Not Applicable
18. Company's Date of Filing	6/27/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document---**20. This filing transmittal is part of Company Tracking #** HO-2008-OHPRU**21. Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

This filing revises Rule A1., Special State Requirements, in the Exception Pages of the Homeowners Policy Program Manual, to state that the Water Exclusion endorsements are for use with all Homeowners policies.

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: 104938
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	HO-2008-OHPRU
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	HO-2008-OFRWE

☐ Rate Increase

☐ Rate Decrease

☒ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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4a.	Rate Change by Company (As Proposed)						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Insurance Services Office, Inc.	N/A	N/A	N/A	N/A	N/A	N/A	N/A

4b.	Rate Change by Company (As Accepted) For State Use Only						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	N/A	
5b.	Overall percentage rate impact for this filing	N/A	
5c.	Effect of Rate Filing – Written premium change for this program	N/A	
5d.	Effect of Rate Filing – Number of policyholders affected	N/A	

6.	Overall percentage of last rate revision	N/A
7.	Effective Date of last rate revision	N/A
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File & Use

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Rule A1. Special State Requirements	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Revision to Homeowners Policy Program Manual Exception Pages

About This Filing

This filing revises Rule A1., Special State Requirements, in the Exception Pages of the Homeowners Policy Program Manual, to state that the Water Exclusion endorsements are for use with all Homeowners policies.

Revised Rule

We are revising Rule A1., Special State Requirements.

We have used a format of ~~striking through~~ deletions, underlining additions and inserting a revision bar in the left margin to indicate changes. For the purposes of this filing, an asterisk (*) indicates designators may vary by jurisdiction and may be introduced as warranted upon distribution.

Related Filing(s)

Filing **HO-2008-OFRWE** contains the related forms filing.

Background

Companion Forms Filing **HO-2008-OFRWE** introduces multistate water exclusion endorsements for use in this jurisdiction.

Explanation of Changes

We have revised Rule A1., Special State Requirements, to state that **HO 16 09** and **HO 16 10** are to be used with all Homeowners policies.

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ADDITIONAL RULE(S)

RULE A1.
SPECIAL STATE REQUIREMENTS

*. Water Exclusion Endorsement

Use Endorsement HO 16 09 with all HO 00 02, HO 00 04, HO 00 06 and HO 00 08 policies.

Use Endorsement HO 16 10 with all HO 00 03 and HO 00 05 policies.

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